

Court Clerk
Northern District, CRT, HSE
Northern District, cal.

Daniel Portugal }
v.
N. Grannis, et al; }

Court Clerk - Richard W. Weiking

Case No: C08-0276 CRb

Motion For Discovery
AND MEMORANDUM OF POINTS
AND AUTHORITIES IN SUPPORT
Thereof

FILED

JUL 14 2008

RICHARD W. WEIKING
CLERK, U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

Plaintiff would at a Full Discovery Motion
ON For ANY RECORDS, FILMS ETC - CHARTS INSPECTION AND
MEMORANDUM OF POINTS AND AUTHORITIES IN SUPPORT THEREOF
TO PROVE they DIDN'T Properly - ATTEND OR DO FOR
COMPLETE ADEQUATE & PROPER Dental Procedure,
Process, & Committed Dental-Medical Mal Practice,
Deliberate INDIFFERENCE, cruel & unusual Punishment
ETC. All of which Required According MEDICAL -
DENTAL, Licensing & Practices, AND PEREZ V. TILTON
C-05-5241 JSW.

All reports and notes regarding this case
bearing on any such witness Physical or
Psychological limitation on their ability to
Perceive, recollect or communicate concerning
the subject matter, Character For honesty
or Veracity or their opposites; the existence;
the existence or non-existence of any ex-
pressed bias, interest or other motive in
testifying; any admission of untruthfulness,
All notes and report of observations of
Medical care and investigators concerning
the state of California.

High Desert State Prison
Daniel Portugal #V-51068
P.O. Box 3030 B4-113
Susanville ca 93127

Court Clerk
Northern District, CRTHS
Northern District, Calif

Daniel Portugal
V
N. Grannis, ET, AL.

Case No: C-08-0276
CRb

Points & Authority

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8 Thornburgh V. Abbot 490 U.S. 407, 404 (1989)
- 9 Spellman V. Hopper 95 F. Supp 2d 2267 (M.D. ALA 1999)
- 10 Williams V. Brimeyer 226 F.3d 352 (8th Cir 1997)
- 11 Proconier V. Martinez 426 U.S. 396 (1974)
- 12 U.S. V. Felipe 148 F.3d 202 (2nd Cir 1998)
- 13 Franise V. Terhune 283 F.3d 506, 520 (3d Cir 2002)
- 14 Pope V. Hightower 202 F.3d 2382 (22 Cir 1996)
- 15 Caske V. Clymen, 15 F Supp. 2d 640 (E.D. Pa 1998)
- 16 Pittman V. Hutto 594 F.2d 07 (4th Cir 1997)
- 17 Hendrix V. Evans 725 F. Supp 897 (N.D. 2nd 1989)
- 18 Abul-Jamal V. Price 254 F. Supp 572 (S.D.N.Y. 1992)
- 19 Sczerbary V. Oswald 342 F. Supp 572 S.D.N.Y 1992
- 20 Bell V. Wolfish 492 U.S. 520, 550 1979
- 21 Harper V. Wallingford, 877 F.2d 728 (9th Cir 1989)
- 22 Mouney V. Holohen 55 S.Ct 340, 204 U.S. 103; rpt'r.
- 23 Deluna (2005) 126 Cal app. 4th 585, 591 24 Cal
- 24 McQuillion V. Duncan (9th Cir 2002 306 F.3d 895-901 902
- 25 REDD V. McGrath (9th Cir 2003)
- 26 Serrato V. Clark U.S. Ca 9th (No. 06-15167 5/07 4th Cir
- 27 Olsen V. IDAHO 363 F.3d 916, 922 9th Cir 04)
- 28 Martinez V. Stanford 323 F.3d 1178, 1183 (9th Cir 2003)

Points & Authority

- 1 Motley V. Parks 432 F.3d 1072, 1077-78 (9th Cir. 05)
- 2 Penal Code section 859;
- 3 Evidence Code section 780;
- 4 Hill V. Superior Court (1974) Cal. 3d 812.816,
- 5 People V. Riser (1956) 47 Cal. 2d 566. 586. overr-
- 6 uled on other grounds,
- 7 People V. Morse (1963) 60 Cal. 2d. 631;
- 8 Funk V. Superior Court 52 Cal. 2d 423
- 9 Norton V. Superior Court (1959) 173 Cal. app. 3d 133
- 10 Walker V. Superior Court (1957) 155 Cal. App. 2d 134.
- 11
- 12
- 13
- 14

ORDER OF THE COURT

17 Granted

18 Denied

19 ORDERED, with the following modification

21

22

23

24

25

26

27

28

Daniel Portugal
Dated July 17, 08
appellant / plaintiff

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (pursuant to Welf. & Inst. Code, §§ 11475.1, 11478.2) (Name, State bar number, and address)

FOR COURT USE ONLY

Telephone No:

Fax No:

ATTORNEY FOR (Name):

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:

MAILING ADDRESS:

CITY & ZIP CODE:

BRANCH NAME:

PETITIONER/ PLAINTIFF: Daniel Portugal

RESPONDENT/DEFENDANT: v.
N. Grannis, et al

PROOF OF SERVICE

CASE #: C-08-0276 CRb

NOTICE: To serve temporary restraining orders you must use personal service (see form 1285.84).

1. I am over the age of 18, not a party to this cause, and not a protected person listed on any of the orders. I am resident of or employed in the county where the mailing took place.
2. My residence or business address is: High Desert State Prison
Daniel Portugal V-51068
P.O. box 3030 B9-1/3
Susanville, Ca 96127
3. I served a copy of the following documents (specify): All Discovery, Motion's, points
OF Authority in support thereof

by enclosing them in an envelope AND

- a. ☐ Depositing the sealed envelope with the United States Postal Service with the postage fully prepaid.
- b. ☒ Placing the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.
4. The envelope was addressed and mailed as follows:
 - a. Name of person served:
 - b. Address: U.S. District Court
Northern District Ca
450 Golden Gate Avenue
 - c. Date Mailed: July 14, 08
 - d. Place of Mailing (City & State): San Francisco, Ca 94102

5. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of person completing this form

Date:

Type or print name:

PROOF OF SERVICE BY MAIL

P.O. BOX 3030 B4-113
Susanville, CA 96127

Court Clerk
Northern District, CT, ~~HA~~
Northern District, Cal.

Daniel Portugal
V.
N. Granits, ET, AL

CASE No: C-08-0276 CRB

Motion to Present
Documents And
Declarations, testimony
AND EVIDENCE OF
Genuine matter.

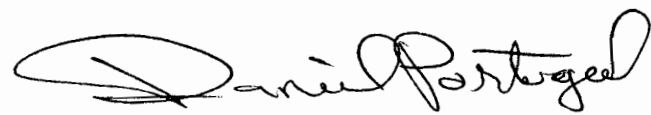
Plaintiff was given dental treatment
in 2005 by Robinson to wit, a diagnosis to have
root canal surgery. ON 1-11-2006 DR. wittenberg
gave Plaintiff a root canal, but failed to
take out the part of the tooth which still is
present to this day. DR. wittenberg didn't perform
the surgery properly so Plaintiff was in pain
and had to go get another crown placed in by
DR. Major on 7-26-06 once again Plaintiff crown
came out which DR Major improperly did. DR Pina
repaired the crown on 1-25-07 and once again
it wasn't done correctly. Now they just want to
extract the tooth. because of them doing faulty
dental work, Plaintiff has suffered and has continu-
ously ask to have his crown done in a professional
manner, but all Plaintiff received was pain and
ibuprofen for his pain. Plaintiff filed a 602
(color inmate Grievance to have the issue corrected, but
has run into deliberate indifference as well as
violation of my 14th amendment right.

1 ON 4-23-07, DR Nguyen interviewed Plaintiff for
 2 first level response and promptly denied Plaintiff. DR.
 3 Nguyen had a responsibility to ensure that Plaintiff was
 4 given the necessary dental care to which he hadn't
 5 received yet, by denying Plaintiff 602 based on his
 6 refusal to allow his tooth to be pulled was a violation
 7 of Plaintiff medical needs to wit the Eight Amendment
 8 and Equal Protection.

9 ON 6-11-07 DR. Adams who was the chief Dental
 10 Officer, denied Plaintiff 602 based on DR. Nguyen's
 11 report and all the information provided by the same
 12 people who wrongly put in Plaintiff crown. being chief
 13 Dental Officer, DR Adams had the responsibility to
 14 ensure his staff did their job properly. DR. Adams
 15 should have made sure Plaintiff had his crown
 16 installed properly. DR. Adams never asked why
 17 Plaintiff still had pieces of his #8 tooth stuck
 18 inside his gum. DR. Adams is in violation of
 19 Plaintiff Eight Amendment right as to his
 20 medical needs and Plaintiff right to equal
 21 protection.

22 ON 1-11-06 DR. Wittenbergs performed a second root
 23 canal, ON 7-12-06 DR. Major rescheduled Plaintiff
 24 for another replacement of his crown and ON 7-26-06
 25 DR. Major replaced Plaintiff crown and on 7-25-07, DR.
 26 Pina repaired Plaintiff crown. because of DR. Pina,
 27 DR Major and DR. Wittenbergs improper dental work.
 28 Plaintiff was exposed to pain and the violation

1 of the Eight Amendment as to Plaintiff
2 medical needs and Plaintiff Equal Protection.
3 DR. Charles D. Lee and N. Grannis are both
4 guilty of violating Plaintiff Equal Protection.
5 DR. J. Adams again repaired the crown on 2-15-08
6 now the crown came off on this prison plaintiff
7 filed a medical request for dental care, but
8 health care services stated the this matter is
9 a priority level 2 by the clinic dentist CDC High Desert
10 Prison states that plaintiff will be see within 120 days
11 this action are a violation of the Eight Amendment
12 and medical need's.
13 DR. Charles D. Lee and N. Grannis are both guilty
14 of violating Plaintiff Equal Protection. Plaintiff
15 should have never been exposed to doctors
16 who can't perform their jobs properly and they
17 had a duty to step in and fix the problem.
18
19 Also plaintiff ask that he receives any other
20 relief the court seems proper as well as
21 attorney fees.
22
23 Documents attach on the back.

24
25
26
27
28

Plaintiff
Dated July 14, 08

legal claims / Discovery

- 1 A. Filed a 602 (Colr Inmate Grievance ON 7-30-05
- 2 and 10-30-05 again inmate grievance.
- 3 medical care For Dental ON may 15-06
- 4 B. Filed a 602 (Colr Inmate Grievance ON 3-20-07
- 5 and again ON 6-18-06 with a Medical care
- 6 For Dental care 1-14-07 and 125-07
- 7 C. Inmate correspondence, control #7770 ON 1-29-06
- 8 Medical care request ON 03-23-07
- 9 Regards to letter submitted ON 3-8-07
- 10 requesting investigation of tooth #8.
- 11 D. letter to warden regarding the
- 12 responds From a 602 Colr I/M Grievance
- 13 ON July 2, 07 and ON July 13-06 Inmate correspon-
- 14 dence, control #7241
- 15 E. other letter to the Appeal Coordinator
- 16 regarding a 602 (Colr I/M Grievance ON 7-16-07
- 17 ON June 24, 07 again I/M a letter regarding
- 18 a plaintiff responds From a 602, ON July 30-07
- 19 again other letter the delay of a 602 I/M
- 20 Grievance,
- 21 F. other 602 (Colr Inmate Grievance ON 7-29-07
- 22 regarding the delay of the 602 process.
- 23 ON June 11, 07 second level Appeal response
- 24 memorandum, ON 12-10-07 responds From
- 25 Dental again regarding my crown re-cement.
- 26 H. ON January 25, 08 Appeal Activity
- 27 ON 7-10-08 a reply From Dental care on
- 28 High Desert State Prison.

Dated July 14, 08
 Daniel Portugal
 Plaintiff

ATTORNEY OR PARTY WITHOUT ATTORNEY OR GOVERNMENTAL AGENCY (pursuant to Welf. & Inst. Code, §§ 11475.1, 11478.2) (Name, State bar number, and address)

FOR COURT USE ONLY

Telephone No:

Fax No:

ATTORNEY FOR (Name):

SUPERIOR COURT OF CALIFORNIA, COUNTY OF

STREET ADDRESS:

MAILING ADDRESS:

CITY & ZIP CODE:

BRANCH NAME:

PETITIONER/ PLAINTIFF: Daniel Portugal

RESPONDENT/DEFENDANT: V.
N. Grannis, ET, AL

PROOF OF SERVICE

CASE #: C-08-0296

NOTICE: To serve temporary restraining orders you must use personal service (see form 1285.84).

1. I am over the age of 18, not a party to this cause, and not a protected person listed on any of the orders. I am resident of or employed in the county where the mailing took place.

2. My residence or business address is:

High Desert State Prison
Daniel Portugal V-51068
P.O. BOX 3030 B4113
Susanville, CA 96127

3. I served a copy of the following documents (specify):

All Discovery, Motions, Points
of Authority in support thereof

by enclosing them in an envelope AND

- a. ☐ Depositing the sealed envelope with the United States Postal Service with the postage fully prepaid.
- b. ☐ Placing the envelope for collection and mailing on the date and at the place shown in item 4 following our ordinary business practices. I am readily familiar with this business's practice for collecting and processing correspondence for mailing. On the same day that correspondence is placed for collection and mailing, it is deposited in the ordinary course of business with the United States Postal Service in a sealed envelope with postage fully prepaid.

4. The envelope was addressed and mailed as follows:

a. Name of person served:

b. Address:

U.S. District Court
Northern District CA
450 Golden Gate Avenue

c. Date Mailed: July 14, 08

d. Place of Mailing (City & State): San Francisco, CA 94102

5. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature of person completing this form

Date:

Type or print name:

PROOF OF SERVICE BY MAIL

Inf

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

**INMATE/PAROLEE
APPEAL FORM**
 CDC 602 (12/87)

Location: Institution/Parole Region

Log No.

Category

 1. _____
 2. _____

 1. _____
 2. _____

 8
 CR

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

Medical - Dental

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
Daniel Portugal	VS1068	602/complaint	15 245

A. Describe Problem: I am writing this complaint in regards of the stat issued to access to the Dental. I File a request for Dental because I have a toothache I would like to get a Partial tooth. the doctor said that I will take some medication for my tooth. My rights to Due Process are been violated and withholding Privileges. Please use your seniority, take action of this issue involving my health and it will be extremely appreciated.

If you need more space, attach one additional sheet.

B. Action Requested: I would like a state issued Partial tooth A.S.A.P. Please use your seniority and take action with this matter.

Inmate/Parolee Signature: Daniel Portugal REC'D FEB 2 2005 Date Submitted: 1-30-05

C. INFORMAL LEVEL / Date Received: 02-04-05 02:16 RCVD

Staff Response: [Redacted] The Dental dept had not received request for services from you. This form will act as your request and you will be placed on list for this service

Staff Signature: B. Christens Date Returned to Inmate: 2/23/05

D. FORMAL LEVEL

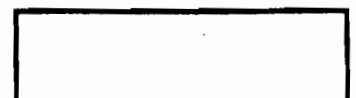
If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

DELIVERED MAR 04 2005

Signature: _____ Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number:



STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

**INMATE/PAROLEE
APPEAL FORM**
 CDC-602 (12/87)

Location: Institution/Parole Region

Log No.

Category

2.

2.

CTC 1ST

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
Daniel Portugal	V81068	602 / Complaint	A3-201

A. Describe Problem: I am writing this complaint in regards of the state issued to access to the Dental, I Filed a request For Dental because I have a toothache I would like to get a partial tooth but the Dental never call me the first time, I request Dental treatment so I File a 602 on February 3, 2005 the response for this 602 was on 2-23-05 by B. Christians and I been waiting for 6 months now for Dental treatment.

If you need more space, attach one additional sheet.

B. Action Requested: I would like a state issued partial-tooth A.S.A.P. Please use your seniority and take action with this matter. Thank you for your time and concern.

Inmate/Parolee Signature:

Daniel Portugal

RECEIVED NOV 02 2005

Date Submitted:

10-30-05

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

BYPASS

Staff Signature: _____

Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

BYPASS

Signature: _____

Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed

CDC Appeal Number: _____

Board of Control form BC-1E, Inmate Claim



First Level ☒ Granted ☒ P. Granted ☐ Denied ☐ Other

E. REVIEWER'S ACTION (Complete within 15 working days): Date assigned: 11/3/05 Due Date: 12/19/05

Interviewed by: You have been appointed to see A good dental on 12/15/05. At that appointment your issues will be addressed. At that appointment it was determined the broken tooth had a failed root canal, you will see the oral surgeon to have this treated. Then depending on the outcome you may have a plastic crown done

Staff Signature: [Signature] Title: Dentist C.F. Date Completed: 12/14/05
 Division Head Approved: [Signature] Title: DDS, CDD(A) Returned
 Signature: [Signature] Date to Inmate: 12/15/05

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

DELIVERED DEC 27 2005

Signature: _____ Date Submitted: _____

Second Level ☐ Granted ☐ P. Granted ☐ Denied ☐ Other

G. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: _____ Due Date: _____

☐ See Attached Letter

Signature: _____ Date Completed: _____

Warden/Superintendent Signature: _____ Date Returned to Inmate: _____

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

For the Director's Review, submit all documents to: Director of Corrections
 P.O. Box 942883
 Sacramento, CA 94283-0001
 Attn: Chief, Inmate Appeals

DIRECTOR'S ACTION: ☐ Granted ☐ P. Granted ☐ Denied ☐ Other

☐ See Attached Letter

Date: _____

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

No 959914

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☐ MENTAL HEALTH ☐ DENTAL ☒ MEDICATION REFILL ☐

NAME: Daniel Portugal CDC NUMBER: VS1068 HOUSING: A3-216

PATIENT SIGNATURE: DATE: May 15 06

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) I would like to receive Dental care because I have so much pain and I need A Partial-tooth. Thank you for your time it will be extremely appreciated.

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

☒ Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

INMATE/PAROLEE
APPEAL FORM
CDC 602-12/87)

Location: Institution/Parole Region

Log No.

Category

2.

2.

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
Daniel Portugal	VS1068	602-complaint For Dental	A3-231

A. Describe Problem: ON 3-8-07 I request dental treatment for re-cemented my crown on the tooth #8 for the past's week's. due to the circumstance of this Administration, unProfessional, unethical, extreme abusive by dental treatment. I have been asking to A Dental clinic for this service's and when I receive my crown on July 12, 06 by Dr. Major was good for a couple of months and after I requested to re-cemented my crown again on the tooth #8 by the Dr Ping on Jan 25, 07 and 2 months

If you need more space, attach one additional sheet.

B. Action Requested: I would like this matter to respond's to my petition. I would like a new crown on my tooth #8 because I don't have this and my gum has alot of pain, thank you for your time and concern

REC'D MAR 21 2007

Inmate/Parolee Signature: Daniel Portugal Date Submitted: 3-20-07

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

BYPASS

RECEIVED
AUG 23 2007
MILITARY
APPEALS
BRANCH

Staff Signature: _____ Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

BYPASS

Signature: _____ Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed

CDC Appeal Number:

Board of Control form BC-1E, Inmate Claim



First Level ☐ Granted ☐ P. Granted ☒ Denied ☐ OtherE. REVIEWER'S ACTION (Complete within 15 working days): Date assigned 5/2/07 Due Date: 5/2/07

Interviewed by: DR. Nguyen M.D. on 04/23/07 @ A-Yard dental clinic. Your request for a crown on #8 is denied. There is not enough tooth structure on #8 to place a crown. Your option is to have #8 extracted and replace with a partial. You refused extraction of #8 at this time.

Staff Signature: Loc Nguyen, DDS, CF, SVSP Title: Dentist Date Completed: 4/23/07
 Division Head Approved: R. N. [Signature] Title: AHPA Returned: 5/1/07
 Signature: [Signature] Date to Inmate: 5/1/07

F. If dissatisfied, explain reasons for requesting a Second-Level Review, and submit to Institution or Parole Region Appeals Coordinator within 15 days of receipt of response.

I am dissatisfied and I would like to request this action's to be honored as soon as possible, thank you for your time. DELIVERED MAY 04 2007

Signature: Daniel Portugal Date Submitted: May 15, 07Second Level ☐ Granted ☐ P. Granted ☒ Denied ☐ OtherG. REVIEWER'S ACTION (Complete within 10 working days): Date assigned: 5-21-07 Due Date: 6-15-07☐ See Attached LetterSignature: [Signature] Date Completed: 6/11/2007Warden/Superintendent Signature: [Signature] Date returned to inmate: RET'D AUG 14 2007

H. If dissatisfied, add data or reasons for requesting a Director's Level Review, and submit by mail to the third level within 15 days of receipt of response.

I am dissatisfied and I would like to request this action's to be honored as soon as possible - thank you for your time

Signature: Daniel Portugal Date Submitted: 8-20-07

For the Director's Review, submit all documents to: Director of Corrections
 P.O. Box 942883
 Sacramento, CA 94283-0001
 Attn: Chief Inmate Appeals

DIRECTOR'S ACTION: ☐ Granted ☐ P. Granted ☒ Denied ☐ Other☒ See Attached LetterDate: NOV 16 2007

**INMATE/PAROLEE
APPEAL FORM**

CDC 602 (12/87)

Location: Institution/Parole Region

Log No.

Category

10

1. _____

1. _____

2. _____

2. _____

You may appeal any policy, action or decision which has a significant adverse effect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
Daniel Portugal	VS1068	602/complaint For Dental	A3-218

A. Describe Problem: I file so many sick call For Dental due to this correction I was granted a Partial tooth on 12-15-05 by John Dr DDS, CDC (M). I Have so much pain everyday and is hurt to eat I need this service Perce V. Fil said that no more the 90 days the after the inmate arrives this is inconstitution I have not hear from the Dental treatment, this matter is involving my Health so please look into this issue and I need a log number

If you need more space, attach one additional sheet.

REC'D JUN 19 2006

B. Action Requested: I would like a state Partial tooth A.S.A.P please use your seniority and take action with this matter, thank you for time and concern.

Inmate/Parolee Signature:

Daniel Portugal

Date Submitted:

6-18-06

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

DUPLICATE

DELIVERED JUN 22 2006

DELIVERED JUN 22 2006

Staff Signature: _____

Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: _____

Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number:



Came out. So I request this treatment again
and I receive a letter back with this response
I have been complaining about this tooth since
December 16, 05. Please see Page's attach on the
~~back~~. Subject #7241, #7770 and regards to a letter
submitted on 3-8-07 requesting investigation of tooth #8
and 2 COPIES OF CDC 7362 NO 959914, 590959

Ground 1

(B) Supporting case, Rules or Authority
People v. Perez

Article 8, Section § 3355.1 Page 145 (a) (b) (2) (c)

article 8, section § 3354 Page 143 (a) (e) (f) (1) (2)

such inmates shall be treated within 48 hours by a dentist
during normal clinic hours.

withholding privileges (see Vitek v. Jones S.Ct. 1980)

right to due process, Equal Protection of the law under the
Fourteenth, Fifth amendment of the constitution.

U.S. const.

title 15

Sincerely

Daniel Portugal

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☐ MENTAL HEALTH ☐ DENTAL ☒ MEDICATION REFILL ☐

NAME: Daniel Portugal CDC NUMBER: V51068 HOUSING: A3-231

PATIENT SIGNATURE: DATE: 1-14-07

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) I am requesting Dental services because my crown tooth #8 upper from central incisor I have alot of pain everytime I eat the gum on my tooth. thank you for your time and concern please look on this matter as soon as possible.

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

☐ Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

1512560

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)**HEALTH CARE SERVICES REQUEST FORM**

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☐ MENTAL HEALTH ☐ DENTAL ☒ MEDICATION REFILL ☐

NAME CDC NUMBER HOUSING

Daniel Portugal 151068 A3-231

PATIENT SIGNATURE DATE

Daniel Portugal 1-25-07

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem)

I would like to see a dentist because when the Dr. put my crown back he forgot to put the shot for my gum to make bigger and later had my crown so please look on this matter because I have so much pain on my gum. Thank you.

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT☐ Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

MEMORANDUM



Date: January 29, 2007

To: Inmate Daniel Portugal
CDC #V51068

Subject: INMATE CORRESPONDENCE, CONTROL #7770

Inmate Portugal has a history of complaining of pain on tooth #8. The nerve of tooth #8 was removed and therefore this tooth should be painless. However, he was still complaining of pain on tooth #8. In an attempt to salvage the tooth once again, the general dentist referred him to the oral surgeon, Dr. Wittenberg, who performed a specialized surgical procedure on tooth #8. The only option remaining is to extract tooth #8 if inmate Portugal continues to experience pain. It is strongly recommend that he submits a CDCR Form 7362 requesting for an extraction of tooth #8.

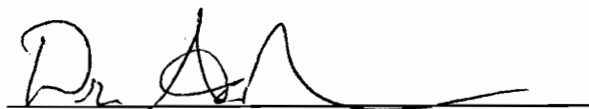
Patient History involving symptomatic tooth #8

- Dec 16, 2005 Dr. Robinson was prompted by a 602 (appeal) to examine Inmate Portugal. Dr. Robinson recorded that tooth # 8 had a history of root canal treatment completed. He had lost a crown on tooth # 8. Dr. Robinson's diagnosis was failed root canal treatment on tooth #8. In an attempt to save the tooth he referred the inmate patient to the oral surgeon for root canal surgery.
- Jan 11, 2006 Dr. Wittenberg performed the root canal surgery in an attempt to preserve tooth # 8. He was prescribed Ibuprofen for pain management.
- July 12, 2006 Dr. Major examined patient regarding a warden's inquiry. The inmate was complaining about pain on tooth #8 while eating. This is unusual since tooth # 8 has had the nerve removed and the tooth should be painless. Dr. Major reviewed x-ray's which were normal and the various diagnostic tests performed were also normal. Dr. Major provided training on oral hygiene and rescheduled patient for placement of a polycarbonate crown.

- July 26, 2006 Dr. Major provided local anesthetic and prepared and cemented polycarbonate crown on tooth #8. Dr. Major provided additional oral hygiene instructions.
- Jan 25, 2007 Dr. Pina examined patient due to a second warden's inquiry. Inmate Portugal complained that he was having pain on his tooth #8 whenever he ate. Patient alleged that a hole in crown was causing pain. Dr. Pina repaired and re-cemented the crown on tooth #8 and provided further oral hygiene instructions.

*A copy of this will be placed in the Unit Health Record, dental section, for future reference.

*Please see previous warden's assignment control # 7241 dated 6/28/2006

A handwritten signature in black ink, appearing to read 'Dr. Adamo', is written over a horizontal line.

Dr. Adamo
Chief Dentist
Salinas Valley State Prison

CC: Mike Evans
Warden, SVSP

589932

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

A fee of \$5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☐ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME

CDC NUMBER

HOUSING

Portugal, Daniel

V51068

A3-231

PATIENT SIGNATURE

DATE

03-23-07

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem)

NV #8 Poly Carbide Temp. Crown

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

☐ Visit is not exempt from \$5.00 copayment. (Send pink copy to Inmate Trust Office.)

STATE OF CALIFORNIA—DEPARTMENT OF CORRECTIONS AND REHABILITATION

ARNOLD SCHWARZENEGGER, GOVERNOR

**DIVISION OF ADULT INSTITUTIONS
SALINAS VALLEY STATE PRISON**

P.O. Box 1020
SOLEDAD, CA 93960
(831) 678-5500



DATE: March 13, 2007

TO: Daniel Portugal, CDCR#V51068

**SUBJECT: Regards to letter submitted on 3/8/07 requesting
investigation of tooth #8.**

I have done a full investigation on this matter on January 29, 2007 and you were sent a copy of this report, Inmate Correspondence- control #7770. I strongly recommend that you submit a request for extraction of tooth #8. You have been complaining about this tooth since December 16, 2005. The Dental Department has done everything possible in attempt to save this tooth for your. The only alternative left is to extract tooth #8. A copy of this memo will be placed in your Unit Health Record for future providers to review.

Sincerely,

A handwritten signature in black ink, appearing to read "John Adamo". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

John Adamo, DDS

CDO, SVSP

Cc: Unit Health Record

to: warden

july 2, 07

I am writing this letter again
due to this matter I send a box
to the second level Review on may 21
07 and due date 06-15-07. now has
been more the 29 days, the log number
SUSP A-07 01279 now with this said I
hope to hear a response back from your
office's, thank you for your time

Sincerely

Daniel Pastore

VS1068

A3-231

STATE OF CALIFORNIA—DEPARTMENT OF CORRECTIONS AND REHABILITATION

ARNOLD SCHWARZENEGGER, GOVERNOR

**DIVISION OF ADULT INSTITUTIONS
SALINAS VALLEY STATE PRISON**P.O. Box 1020
SOLEDAD, CA 93960
(831) 678-5500**DATE:** July 13, 2006**TO:** Daniel Portugal, CDCR# V51068**SUBJECT:** Inmate Correspondence, Control # 7241

You were seen by Dr. Major on July 12, 2006 at the Facility A Dental Clinic. Dr. Major evaluated your chief complaint of tooth #8(upper front central incisor) having pain upon eating. Dr. Major reviewed the x-ray which revealed that tooth #8 had root canal treatment completed (which indicates that the nerve of this tooth was removed). Dr. Major performed various diagnostic tests and determined that the surrounding gums were slightly inflamed. Dr Major provided oral hygiene instructions at this appointment. Dr. Major evaluated your condition and based on his professional opinion he determined your priority as a 1B, to be seen within 30 calendars days. Dr. Major stated at the next appointment he will place a polycarbonate crown on tooth #8. I am advising you to practice good oral hygiene to help the surrounding gums around tooth#8 maintain good health. The treatment you requested will be provided to you based upon the priority given on tooth #8 by Dr. Major.

A handwritten signature in black ink, appearing to read "John Adamo". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

John Adamo, DDS
Chief Dentist (A), SVSP

CC: Mike Evans
Warden, SVSP

to Appeals Coordinator,

7-26-07

I am writing this letter
on regarding of my 602 T File
on 05-02-07 I have not receive no
responses from the second level and due
Date is 06-15-07 the log number is
SVSP A-0701279 is action is action are
inconstitution. I need a response from my 602
second level, thank you for your time
and concern.

currently there
is a back log of
completed appeals.
Appeals Office is receiving
assistance w/ the backlog
Elyse
7/26/07

Sincerely
Daniel Portugal
VS1068-A3-231

[REDACTED]

June 24, 07

I am writing this letter
on regarding of the 602 requesting to
Medical second level response. I mail this
request on May 21, 2007 and Due Date 06-15-07
now have you look into this matter, thank
you for your time and concern. I look forward
to receive a response back from your office's

Sincerely,

[REDACTED]
[REDACTED] / 3 2 81

what is the
log # of the
appeal so I
can provide status?
Eloy Medina
6/27/07

To: Appeals Coordinator

July 30, 07

I am writing this letter on
regarding on the second level response
of my 602-log number 07-01279 the due date
is on 6-15-07. now has been more the month
and I had not receive a response or notice's
on this matters. I would like to know where
is my 602 or why I had not receive some response
back. now with this action I close this letter
I hope to receive a response as soon as
possible, thank you.

Sincerely

Dennis Portugal

VS1068

A3-231

07-1279 = denied 6/15/07
there is a backlog
of completed reports that
need to be processed; mailed.
the appeals office is receiving
assistance in the backlog.
Ely Meons 8/2/07

STATE OF CALIFORNIA

DEPARTMENT OF CORRECTIONS

**INMATE/PAROLEE
APPEAL FORM**

CDC 602 (12/87)

Location: Institution/Parole Region

Log No.

Category

1. _____ 1. _____
2. _____ 2. _____

You may appeal any policy, action or decision which has a significant adverse affect upon you. With the exception of Serious CDC 115s, classification committee actions, and classification and staff representative decisions, you must first informally seek relief through discussion with the appropriate staff member, who will sign your form and state what action was taken. If you are not then satisfied, you may send your appeal with all the supporting documents and not more than one additional page of comments to the Appeals Coordinator within 15 days of the action taken. No reprisals will be taken for using the appeals procedure responsibly.

NAME	NUMBER	ASSIGNMENT	UNIT/ROOM NUMBER
Portugal, D.	V-51068	N/A	A3-231L

A. Describe Problem: I am filing this 602 on Assigned Staff Reviewer: CTC on a CDC-602 Log# SVSP-A-07-01279 for failing to comply with not only my right to appeal per California Code of Regulations Title 15 §3084.1. Right to Appeal (a) ., §3084.6. Appeal Time Limits (b)(3), but also violating the 14th Amendment of the United States Constitutions "Due Process Clause". This also violates my access to the courts, the Dental here at Salinas Valley State Prison are also violating a court order by failing to follow the "Clauses" set in Perez v. Tilton, No. C 05-05241 JSW. As of this date 7/29/07 Salinas Valley State Prisons Staff Reviewer: CTC is 29 days late in answering CDC-602 Log# SVSP-A-07-01279 at the Second Level.

If you need more space, attach one additional sheet.

B. Action Requested: That this CDC-602 be attached to Dental CDC-602 Log# SVSP-A-07-01279 for Legal purposes'.

Inmate/Parolee Signature: Daniel Portugal Date Submitted: 7/29/07

C. INFORMAL LEVEL (Date Received: _____)

Staff Response: _____

Staff Signature: _____ Date Returned to Inmate: _____

D. FORMAL LEVEL

If you are dissatisfied, explain below, attach supporting documents (Completed CDC 115, Investigator's Report, Classification chrono, CDC 128, etc.) and submit to the Institution/Parole Region Appeals Coordinator for processing within 15 days of receipt of response.

Signature: _____ Date Submitted: _____

Note: Property/Funds appeals must be accompanied by a completed Board of Control form BC-1E, Inmate Claim

CDC Appeal Number: _____



State of California

Department of Corrections

Memorandum

Date: June 11, 2007

To: Portugal, #V51068
Salinas Valley State Prison

Subject: SECOND LEVEL APPEAL RESPONSE LOG NUMBER-SVSP-A-07-01279.

ISSUE:

The appellant states that he had his crown come off again on tooth #8 after placement of this crown by Dr. Major.

Appellant requests to have a new crown done on tooth #8 because of painful gums around this tooth.

INTERVIEWED BY: Dr. Nguyen on April 23, 2007.

REGULATIONS: The rules governing this issue are:

California Code of Regulations (CCR), Title 15, Sections

3350. Provision of Medical Care and Definitions

3354. Health Care Responsibilities and Limitations

Dental Department Policies and Procedures:

Chapter 5.15: Dental Care (E)

SUMMARY OF INVESTIGATION:

The First Level of Review (FLR) was completed on **4/23/07** by Dr. Nguyen. Dr. Adamo, CDO, was assigned to investigate this appeal at the Second Level of Review. All submitted documentation and supporting arguments have been considered. Additionally, a thorough examination has been conducted regarding the claim presented, and evaluated in accordance with Salinas Valley State Prison (SVSP) Operational Procedures (OP); the California Code of Regulations (CCR); and the Departmental Operations Manual (DOM).

A review of the appellant's dental records revealed the following information. On January 29, 2007 I sent the appellant an Inmate Correspondence Letter, Control #7770 stating the following:

**Portugal, CDCR# V51068
SVSP-A-07-01279**

"Inmate Portugal has a history of complaining of pain on tooth #8. The nerve of tooth #8 was removed and therefore this tooth should be painless. However, he was still complaining of pain on tooth #8. In an attempt to salvage the tooth once again, the general dentist referred him to the oral surgeon, Dr. Wittenberg, who performed a specialized surgical procedure on tooth #8. The only option remaining is to extract tooth #8 if inmate Portugal continues to experience pain. It is strongly recommended that he submits a CDCR form 7362 requesting for an extraction of tooth #8. Patient History involving symptomatic tooth #8

- Dec. 16, 2005 Dr. Robinson was prompted by a 602 (appeal) to examine Inmate Portugal. Dr. Robinson recorded that tooth #8 had a history of root canal treatment completed. He had lost a crown on tooth #8. Dr. Robinson's diagnosis was failed root canal treatment on tooth #8. In an attempt to save the tooth he referred the inmate patient to the oral surgeon for root canal surgery.**
- Jan. 11, 2006 Dr. Wittenberg performed the root canal surgery in an attempt to preserve tooth #8. He was prescribed Ibuprofen for pain management.**
- July 12, 2006 Dr. Major examined patient regarding a warden's inquiry. The inmate was complaining about pain on tooth #8 while eating. This is unusual since tooth #8 has had the nerve removed and the tooth should be painless. Dr. Major reviewed x-rays which were normal and the various diagnostic tests performed were also normal. Dr. Major provided training on oral hygiene and rescheduled patient for placement of a polycarbonate crown.**
- July 26, 2006 Dr. Major provided local anesthetic and prepared and cemented polycarbonate crown on tooth #8. Dr. Major provided additional oral hygiene instructions.**
- Jan. 25, 2007 Dr. Pina examined patient due to a second warden's inquiry. Inmate Portugal complained that he was having pain on his tooth #8 whenever he ate. Dr. Pina repaired and recemented the crown on tooth #8 and provided further oral hygiene instructions."**

On March 8, 2007 the appellant submitted a letter addressed to me stating "I am writing this letter on regarding Dental. On 3-8-07 I request to re-cemented my crown on the tooth #8 but for some reason the Health care staff stated to take this matter to the next level....." I sent my response to the appellant, Daniel Portugal, CDCR# V51068 on March 13, 2007 stating the following: "I have done a full investigation on this matter on January 29, 2007 and you were sent a copy of this report, Inmate Correspondence-control #7770. I strongly recommend that you submit a request for extraction of tooth#8. You have been complaining about this tooth since December 16, 2005. The Dental Department has done everything possible in attempt to save this tooth for you. The only alternative left is to extract tooth #8. A copy of this memo will be placed in your Unit Health Record for future providers to review."

**Portugal, CDCR# V51068
SVSP-A-07-01279**

The appellant was seen by Dr. Nguyen on April 23, 2007 for the First Level Appeal interview appointment. The Nguyen recorded that the appellant chief complaint was he wanted a new crown on his upper front tooth because it had fallen off twice. Dr. Nguyen recorded tooth #8 had root canal therapy completed, had a very short clinical crown, the x-ray was non-remarkable, and the appellant was asymptomatic (without pain) at this visit. Dr. Nguyen recommended that this tooth be extracted and replaced on a partial denture. Dr. Nguyen recorded that the appellant was upset and demanded to have a crown placed on tooth #8. Dr. Nguyen recorded that the appellant refused extraction of tooth #8, he refused to sign the refusal form, and he was informed of the risks involved of not extracting tooth #8.

DECISION: The appeal is **Denied**.

The appellant is advised that this issue may be submitted for a Director's Level of Review if desired.



CHARLES D. LEE, MD
Health Care Manager
Salinas Valley State Prison

SVSP A-Facility Dental

Date: 12-31-07A1 A2 A3 A4 A5 231Portugal, D
nameV51068
CDC #

This note is in response to:

- ☐ A reminder to let you know my appointment is overdue
- ☐ Find out why I haven't been called in for my appointment
- ☐ Know what is the date of my next appointment
- ☒ Other

duplicate 7362 request submitted

At your previous appointment you were given a priority of:

☒ 1B 30 days or less *from 12/10/07*☐ 1C 60 days or less☐ 2 120 days or less

Please know that Facility A dental is running 30 to 40 days behind schedule at this time. You will be given your dental ducat based on your priority. If your Gold copy of the 7362 form was turned in too soon it would have been returned to you (eventually). For inmates that turned in their copy of the 7362 form after they were supposed to be called in, we will try to give a dental ducat sooner than another inmate of the same priority.

Please know we are not allowed to give out the specific date you will receive your ducat.

➔ Please be patient, you are in the system and we will call you in when we can.

your next appointment will likely be mid February.

If you are having pain or another dental problem & need to be sooner, please send in another 7362 Request and state what the pain is and why you can not wait.

SALINAS VALLEY STATE PRISON

NAME: Portugal, Daniel

CDC# V51068

HOUSING:

D9-144

CDC-128-C

As of 02/22/2008 the above named inmate has a dental priority classification of:
DATE

☐ 1A

☐ 1B

☒ 1C

☒ 2

☐ 3

☐ 4

☐ 5

DENTIST, CF

Jones, DDS

J. ADAMO, DDS

CHIEF DENTIST

Orig: Unit Health Record

CC: C-File

Inmate (Copy)

DATE: 02/15/2008

MEDICAL-PSYCHIATRIC-DENTAL
SALINAS VALLEY STATE PRISON

SALINAS VALLEY STATE PRISON

NAME: Portugal, Daniel

CDC# V51068

HOUSING: A3-231

CDC-128-C

As of 12/10/07 the above named inmate has a dental priority classification of:
DATE

☐ 1A

☒ 1B

☐ 1C

☐ 2

☐ 3

☐ 4

☐ 5

DENTIST, CF Dr. Munk

J. ADAMO, DDS
CHIEF DENTIST

Orig: Unit Health Record

CC: C-File

Inmate (Copy)

DATE: 12/10/2007

MEDICAL-PSYCHIATRIC-DENTAL
SALINAS VALLEY STATE PRISON

State of California

Department of Corrections and Rehabilitation
Inmate Appeals Branch

Memorandum



Date : January 25, 2008

To : PORTUGAL, DANIEL V51068
Salinas Valley State Prison
P.O. Box 1020
Soledad, CA 93960-1020

Subject: **APPEAL ACTIVITY**

The attached page(s) lists a summary of your recent appeal history and status of appeals still under review.

A handwritten signature in black ink, appearing to read "N. Grannis".

N. GRANNIS, Chief
Inmate Appeals Branch

Attachment(s)

CALIFORNIA DEPARTMENT OF CORRECTIONS AND REHABILITATION
Inmate / Parolee Appeals Tracking System - Level III

Appellant Information

CDCR Number: V51068

Sorted By: Last Name

CDCR Number	Appellant Name	Location	Arrival Date	Inst. Log Number	Closed Date	Disposition
V51068	PORTUGAL, DANIEL	SVSP	02/06/2006			
<u>Accepted Appeals</u>						
IAB Number	Issue					
0706325	MEDICAL			SVSP-07-01279	11/16/2007	DENIED
0713134 (Group)	PROGRAM			SVSP-07-03411	01/18/2008	DENIED

Screen Outs

The appellant has no screened out appeal history.

NAME: Portugal CDC#: V51068 HOUSING: B413

Your CDC 7362 (Health Care Service Request) form has been received and classified as a Priority Level 2 by the clinic dentist. CDC policy states that you will be seen within 120 days; therefore, you will be sent a ducat as soon as possible within this time period. DO NOT SUBMIT ANOTHER 7362 FOR THIS ISSUE.

DATE: 7/10/08

RECEIVED

to: Director of Correction's,

NOV 27 2007

INITIAL APPEALS
BRANCH

11-20-07

I am writing this letter
on regarding my responds from my 602
I send to your office on 8-20-07
log No 07-01279 my name is Daniel Portugal,
#VS1068 I am on Salinas Valley and I
have not receive a responds due to my
understanding has pass 90 working day's now.
well I look forward to receive some
respond's soo from your office's, thank
you for your time and concern.

sincerely
Daniel Portugal

LEGAL MAIL ONLY

High Desert State Prison
Daniel Portugal #V51068
P.O. BOX 3030 B4-113
Susanville, CA 96127



STATE PRISON

U.S. District Court
450 GOLDEN GATE
San Francisco, Ca 94102

-legal mail -
Per: CCR 15 Art. 4. c. 2,
Section - 3142



7/14/08 m

Legal Mail —

Legal Mail —